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| TDAKE                                                                                                                                                                                                                                                                                                | SWITTAL F                |                                                                | Application No.        | 10/0:      | 10/052,640                                                        |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------|------------------------|------------|-------------------------------------------------------------------|--|--|--|--|--|--|--|
| (to be used for all correspondence after initial filing)                                                                                                                                                                                                                                             |                          |                                                                | Filing Date            | Janua      | January 18, 2002                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                      |                          |                                                                | First Named Inventor   | Norie      | Norio Sato                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                      |                          | Art Unit                                                       | 2858                   | 2858       |                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                      |                          | Examiner Name                                                  | John                   | Teresinski |                                                                   |  |  |  |  |  |  |  |
| Total Number of                                                                                                                                                                                                                                                                                      | Pages in This Submission | on 23                                                          | Attorney Docket Number | 9679       | 0P381                                                             |  |  |  |  |  |  |  |
| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                    |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| Fee Transmittal                                                                                                                                                                                                                                                                                      |                          | Drawing(s)                                                     |                        |            | After Allowance Communication to Group                            |  |  |  |  |  |  |  |
| Fee Attac                                                                                                                                                                                                                                                                                            | hed                      | Licensing-related Papers                                       |                        |            | Appeal Communication to Board of Appeals and Interferences        |  |  |  |  |  |  |  |
| Amendment / Re                                                                                                                                                                                                                                                                                       | esponse                  | Petition                                                       |                        |            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |  |  |  |  |  |  |  |
| After Final Affidavits/declaration(s)                                                                                                                                                                                                                                                                |                          | Petition to Convert a Provisional Application                  |                        |            | Proprietary Information                                           |  |  |  |  |  |  |  |
| Extension of Time Request                                                                                                                                                                                                                                                                            |                          | Power of Attorney, Revocation Change of Correspondence Address |                        |            | Status Letter  Other Enclosure(s)                                 |  |  |  |  |  |  |  |
| Express Abandonment Request                                                                                                                                                                                                                                                                          |                          | Terminal Disclaimer                                            |                        |            | Other Enclosure(s) (please identify below):                       |  |  |  |  |  |  |  |
| Information Disclosure Statement                                                                                                                                                                                                                                                                     |                          | Request for Refund                                             |                        |            | teturn receipt postcard                                           |  |  |  |  |  |  |  |
| PTO/SB/08  Certified Copy of Priority                                                                                                                                                                                                                                                                |                          | CD, Numbe                                                      | er of CD(s)            |            |                                                                   |  |  |  |  |  |  |  |
| Document(s)  Response to Missing Parts/                                                                                                                                                                                                                                                              |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| Incomplete Application  Basic Filing Fee                                                                                                                                                                                                                                                             |                          | Remarks                                                        |                        |            |                                                                   |  |  |  |  |  |  |  |
| Declaration/POA                                                                                                                                                                                                                                                                                      |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                                                                                  |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                      | SIGNATUR                 | E OF APPLICAN                                                  | NT, ATTORNEY, OR A     | GENT       |                                                                   |  |  |  |  |  |  |  |
| Firm Steven Laut, Reg. No. 47,736                                                                                                                                                                                                                                                                    |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| Individual name                                                                                                                                                                                                                                                                                      | BLAKELY, S               | OKOLØFF,                                                       | TAYLOR & ZAF           | MAN        | LLP                                                               |  |  |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                            |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| Date March 24, 2004                                                                                                                                                                                                                                                                                  |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| CERTIFICATE OF MAILING/TRANSMISSION                                                                                                                                                                                                                                                                  |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                          |                                                                |                        |            |                                                                   |  |  |  |  |  |  |  |
| Typed or printed na                                                                                                                                                                                                                                                                                  | ame Jean Svoboo          | la                                                             |                        |            |                                                                   |  |  |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                            |                          | Tille                                                          |                        | Date       | March 24, 2004                                                    |  |  |  |  |  |  |  |



## FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** 

(\$)

0.00

Complete if Known

Application Number 10/052,640

Filing Date January 18, 2002

First Named Inventor Norio Sato

Examiner Name John Teresinski

Art Unit 2858

Attorney Docket No. 96790P381

03/24/04

Date

| Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | METHOD OF PAYMENT (check all that apply)                         |      | FEE CALCULATION (continued) |           |               |                          |                                         |        |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------|-----------------------------|-----------|---------------|--------------------------|-----------------------------------------|--------|-----------|--|
| Comparison   Com   | Constitution Money Constitution Make                             | 3.   | ADDITIO                     | NAL       | FEES          | 3                        |                                         |        |           |  |
| Code   Fig.      | Order District Order                                             |      | arge Entity                 | ı Sma     | II Entit      | у                        |                                         |        |           |  |
| Contract   Section   Fee   Section   Fee   Section   Fee   Section   Fee   Section   Fee   Section   Fee   Section   |                                                                  |      |                             |           |               | _                        |                                         |        |           |  |
| Deposit   Account   Blakely, Sokoloff, Taylor & Zafman LLP   268   30   202   25   25   25   25   25   25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Account 02-2666                                                  |      | ode (2)                     | Code      | (Φ)           | Fe                       | e Description                           |        | FeePaid   |  |
| Blakely, Sokoloff, Taylor & Zafman LLP   253   130   253   130   Mon-English specification   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1912   2,520   1   | Number 02-2000                                                   |      |                             |           |               |                          |                                         |        |           |  |
| The Commissioner is authorized to: ( check all that apply)  □ Crosspecific inclinates below we secrept for the filling fee □ Charge fee(s) inclinates below, except for the filling fee □ Crosspecific inclinates below we secrept for the filling fee □ Crosspecific inclinates below we secrept for the filling fee □ Crosspecific inclinates below with first month □ Crosspecific inclinate  | A = 1 = 1 = 1                                                    | "    | <b></b>                     | 2002      | ۳             |                          | Sional hang too or                      |        |           |  |
| Charge fee(s) inclanated below   Charge fee(s) inclanated below   Charge fee(s) inclanated below   Charge fee(s) inclanated below, except for the filling fee   1805   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   1,840   | Name Blakely, Sokololi, Taylol & Zallilali LLF                   |      |                             | 1         |               | • •                      |                                         |        |           |  |
| Charge feety in Informative decided by the properties of the pro   | The Commissioner is authorized to: ( check all that apply)       | 1    |                             |           | •             | · ·                      | •                                       | nation |           |  |
| Charge Feel principated below, except for the filing fee   1251   110   251   55   Extension for reply within second month   1252   260   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   560   252   270   Extension for reply within from month   1253   570   Extension for reply within from month   1253   57   |                                                                  | 18   | 104 azu                     | 1804      | 920           |                          | IT OF SIR PHOF IO                       |        |           |  |
| Charge feets) indicated below, except for the filing fee to the above-funded deposed account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | 18   | 905 1,840 °                 | 1805      | 1,840         |                          | n of \$IR after                         |        | i         |  |
| Tell      |                                                                  |      |                             |           |               |                          | thin first are suite                    |        |           |  |
| 1. BASIC FILING FEE   Large Entity   Small Entity   |                                                                  | 7    |                             | l         |               | , •                      |                                         |        | <u> </u>  |  |
| 1254   1,80   2254   740   Extension for reply within fourth month   1254   1,80   2255   1,210   2255   205   Extension for reply within fourth month   1255   1,210   2255   205   Extension for reply within firth month   1255   1,210   2255   205   Extension for reply within firth month   1255   1,210   2255   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   205   |                                                                  | -    |                             |           |               |                          |                                         |        | <u> </u>  |  |
| Fee   Fee   Fee   Fee   Description   FeePaid   1256   1.210   2255   305   Extension for reply within fifth mornth   Code   (8)   Co   |                                                                  |      |                             | l .       |               |                          |                                         |        | <u> </u>  |  |
| 1001   770   2001   385   Utility filing fee   1402   330   2401   165   Notice of Appeal   1402   330   2402   165   Filing a brief in support of an appeal   1402   330   2403   145   Request for oral hearing   1402   1403   250   2403   145   Request for oral hearing   1402   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   1405   14   | Fee Fee Fee Fee Description FeePar                               |      |                             |           |               |                          |                                         |        |           |  |
| 1001   770   2001   385   Utility fling fee   1402   330   2402   165   Filing a brief in support of an appeal   1403   250   2403   145   Request for oral hearing   1403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403   2403    | Code (\$) Code (\$)                                              |      |                             | į.        |               |                          |                                         |        | <u> </u>  |  |
| 1002   340   2022   170   Design filing fee   1403   230   2403   145   Request for oral hearing   1451   1,510   2451   1,510   Petition to institute a public use proceeding   1451   1,510   2451   1,510   Petition to institute a public use proceeding   1451   1,510   2452   56   Petition to revive - unavoidable   1452   110   2452   56   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1452   110   2452   56   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,330   2453   656   Petition to revive - unavoidable   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1,340   1453   1   |                                                                  | Ш    |                             | i -       |               |                          | rt of an appeal                         |        | <u>  </u> |  |
| 1004   770   2004   368   Reissue filing fee   1451   1,510   2452   55   Petition to institute a public use proceeding   1452   110   2452   55   Petition to revive - unavoidable   1452   110   2452   55   Petition to revive - unavoidable   1453   1,330   2453   655   Petition to revive - unintentional   1501   1,330   2501   655   Utility issue fee (or reissue)   1502   480   2502   240   Design issue fee   1503   640   2503   300   Plant issue fee   1503   640   2503   300   Plant issue fee   1503   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   1805   180   |                                                                  | 11   |                             |           |               |                          | • • • • • • • • • • • • • • • • • • • • |        |           |  |
| 1005   160   2005   80   Provisional filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 11   |                             |           |               |                          | -                                       | ng     |           |  |
| SUBTOTAL (1) (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | 11   |                             |           |               | Petition to revive - una | avoidable                               |        |           |  |
| 2. EXTRA CLAIM FEES Extra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |      |                             | 2453      | 665           | Petition to revive - uni | ntentional                              |        |           |  |
| Total Claims   S4   57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |      | 501 1,330                   | 2501      | 665           | Utility issue fee (or re | issue)                                  |        |           |  |
| Total Claims   S4   57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. EXTRA CLAIM FEES Extra Fee from                               | 15   | 502 480                     | 2502      | 240           | Design issue fee         |                                         |        |           |  |
| Submit   S   | Claims below FeePad                                              | 15   | 503 640                     | 2503      | 320           | Plant issue fee          |                                         |        |           |  |
| Claims 5 5 0 X 86.00 = \$0.00 1807 50 1807 50 Prosessing fee under 37 CFR 1.17(q)  Multiple Dependent  Large Entity Small Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Independent 54 - 57 = 0 X 18.00 \$0.0                            | 0 14 | 160 130                     | 2460      | 130           | Petitions to the Comm    | nissioner                               |        |           |  |
| Large Entity Small Entity  Fee Fee Fee Fee Fee Description  Code (\$)  Code (\$)  1202 18 2202 9 Claims in excess of 20  1201 86 2201 43 Independent claims in excess of 3  1203 290 2203 145 Multiple Dependent claims, if not paid  1204 86 2204 43 "Reissue independent claims over original patent  1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2)  (\$)  Other fee (specify)  SUBMITTED BY  Requised by Basic Filing Fee Paid  SUBTOTAL (3)  Requised by Basic Filing Fee Paid  SUBTOTAL (3)  Requised by Basic Filing Fee Paid  SUBTOTAL (3)  Requised patent assignment per property (times number of properties)  1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(a))  1809 770 1809 385 For each additional invention to be examined (37 CFR § 1.129(b))  1801 770 2801 385 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3)  (\$)  *Reduced by Basic Filing Fee Paid  *Reduced by Basic Filing Fee Paid  *SUBMITTED BY  Complete (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Clairs 5 5 0 X 86.00 = \$0.0                                     | 0 18 | 907 50                      | 1807      | 50            | Prosessing fee under     | 37 CFR 1.17(q)                          |        |           |  |
| Fee Fee Fee Fee Fee Fee Pee Description  1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent patent patent or original patent or original patent or number previously paid, if greater, For Reissues, see below  SUBMITTED BY  Property (times number of properties)  Filing a submission after final rejection (37 CFR § 1.129(a))  1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(a))  1809 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))  1801 770 2801 385 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination or a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBMITTED BY  Complete (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  | 18   |                             |           |               |                          |                                         | tmt    |           |  |
| Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20  1201 86 2201 43 Independent claims in excess of 3  1203 290 2203 145 Multiple Dependent claim, if not paid  1204 86 2204 43 "Reissue independent claims over original patent  1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 0.00  **or number previously paid, if greater, For Reissues, see below  SUBMITTED BY  Filing a submission after final rejection (37 CFR § 1.129(a))  1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(a))  1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))  1801 770 2801 385 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$)  *Reduced by Basic Filing Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 80   | 121 40                      | 8021      | 40            |                          |                                         |        |           |  |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$\$) 0.000  **For number previously paid, if greater, For Reissues, see below  Complete (if applicable)  Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 19   | no 770                      | 1900      | 385           | Filing a submission af   | ter final rejection                     |        |           |  |
| 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 0.00  **Tor number previously paid, if greater, For Reissues, see below  Complete (if applicable)  Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1202 18 2202 9 Claims in excess of 20                            | 1    | ~                           | 1335      |               | (37 ČFR § 1.129(a))      | •                                       |        |           |  |
| 1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 0.00  **or number previously paid, if greater, For Reissues, see below  Complete (if applicable)  Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1201 86 2201 43 Independent claims in excess of 3                | 18   | 310 770                     | 2810      | 385           |                          |                                         |        |           |  |
| 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1205 18 2205 9 "Reduced by Basic Filing Fee Paid 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination 1205 1802 900 1802 900 Request for expedited examination 1205 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 900 1802 90 |                                                                  | 49   | 201 770                     | 2901      | 395           | · -                      |                                         | =)     |           |  |
| 1205 18 2205 9 "Reissue claims in excess of 20 and over original patient Other fee (specify)  SUBTOTAL (2) (\$) 0.00  **For number previously paid, if greater, For Reissues, see below  Complete (if applicable)  Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | 1    |                             | ľ         |               | •                        | •                                       | ,      |           |  |
| Other fee (specify)  SUBTOTAL (2)  (\$)  Reduced by Basic Filing Fee Paid  SUBMITTED BY  Complete (if applicable)  Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1205 18 2205 9 **Reissue claims in excess of 20 and over         | . "  |                             |           | 555           |                          |                                         |        |           |  |
| *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)  SUBMITTED BY  Complete (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | Oth  | er fee (specify)            |           |               |                          |                                         |        |           |  |
| SUBMITTED BY  Complete (if applicable)  Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUBTOTAL (2) (\$) 0.0                                            |      | t word by Persis 5          | ilion Fo- | Daid          |                          |                                         |        |           |  |
| / / Registration No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | **or number previously paid, if greater, For Reissues, see below |      | access by basic r           |           | r' <b>axi</b> | ·                        | 208101AL (3)                            | (\$)   |           |  |
| / / Registration No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SUBMITTED BY Complete (if applicable)                            |      |                             |           |               |                          |                                         |        | ble)      |  |
| Name (Print/Type)   Steven Lant /   Registration No.   47,736   Telephone   (310) 207-3800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |      |                             |           |               | <u> </u>                 | Telephone                               |        |           |  |

Signature



Our Ref. No.: 96790.P381

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Norio Sato, et al.

Serial No.: 10/052,640

Filed: January 18, 2002

For: SURFACE SHAPE RECOGNITION

SENSOR AND METHOD OF MANUFACTURING THE SAME

Mail Stop Non-Fee Amendment Commissioner for Patents Post Office Box 1450 Alexandria, Virginia 22313-1450 Examiner: John Teresinski

Art Group: 2858

## **AMENDMENT AND RESPONSE TO OFFICE ACTION**

Dear Commissioner:

In connection with the Office Action mailed December 24, 2003 regarding the above-referenced application, Applicant respectfully requests consideration of the following remarks below.